

Date: [Insert Date]

To: [Hematologist Name/Department]

Facility: [Hospital/Clinic Name]

Fax/Address: [Insert Contact Details]

RE: Initial Consultation for Bleeding Disorder Evaluation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Insurance: [Insurance Provider & ID]

Dear Dr. [Last Name],

I am referring this patient for a comprehensive hematological evaluation due to suspicion of a bleeding diathesis.

Presenting Symptoms & Clinical History:

[e.g., Frequent epistaxis, easy bruising, menorrhagia, prolonged bleeding after dental procedures, or family history of bleeding disorders]

Relevant Laboratory Findings:

[e.g., PT/INR, PTT, CBC/Platelet count, or Von Willebrand screen results if already performed]

Current Medications:

[List any anticoagulants, antiplatelets, or NSAIDs]

Specific Request:

Please evaluate for [Specific Disorder, e.g., VWD, Hemophilia, Platelet Dysfunction] and provide recommendations for ongoing management or pre-operative clearance.

Thank you for participating in this patient's care. Please contact my office at [Phone Number] if you require further documentation.

Sincerely,

[Referring Physician Signature]

[Referring Physician Name Printed]

[Clinic Name]